

## REGISTRATION OF REGISTERED AGENT

Wyoming Secretary of State  
Corporations Division  
The State Capitol Building  
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312  
Fax (307) 777-5339  
E-mail: corporations@state.wy.us

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1. Legal name of applicant: \_\_\_\_\_
  2. The applicant's physical address where service may be made during regular business hours:  
\_\_\_\_\_  
\_\_\_\_\_
  3. The mailing address of the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
  5. Has the applicant, or in the case of a corporation or other business entity its officers or directors, members, partners or persons serving in a similar capacity ever been convicted of a felony pursuant to W.S. 17-16-509(c)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if "yes", explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. I understand that this registration is valid for the calendar year of registration and thereafter shall be renewed annually by January 31 of each year. A registered agent who does not renew by January 31 of each year shall no longer have registered agent status.

7. \_\_\_\_\_ I hereby give permission to have my name, mailing address and phone number placed on a list to be disseminated to interested persons.  
\_\_\_\_\_ I do **NOT** want my name, mailing address and phone number placed on a list to be disseminated to interested persons.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title of Signator: \_\_\_\_\_

*(In the case of a corporation, the application may be executed by one of its officers or directors.)*

State of \_\_\_\_\_

S.S.

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says  
that he has read the above application, and the facts set out therein are true.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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***Filing Fee: \$25.00***

Revised: 5/2000